

K061737

SUMMARY

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS BUSSE LOSS OF RESISTANCE SYRINGE

Regulatory Affairs Contact:

Muhamad Ansari

Busse Hospital Disposables

PO Box: 11067 75 Arkay Dr.

Hauppauge NY 11788

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Date Summary Revised:

Sept 20^h, 2006

Product Trade Name:

Busse Loss of Resistance Syringe

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Common Name:

Loss of Resistance Syringe.

Classification Name:

Conduction Anesthetic

Classification:

Class II, 21 CFR 868.5140

Product Code:

CAZ

Predicate Device:

B-D Loss of Resistance Syringe – (K925902)

Device Description:

The Busse Loss of Resistance Syringe is a single use device, which is sold as sterile individually packaged and sterile packaged inside a kit/procedure tray. The syringe will be available in luer lock and luer slip tip.

Intended Use:

The Busse Loss of Resistance Syringe is intended for use in conjunction with an epidural needle, to verify the needle tip placement in the epidural space by the loss of Resistance technique, it will be filled with air and/or saline during use. The loss of Resistance Syringe is not intended for injection or aspiration. The syringe will be sold sterile individually packaged, and as part of a

sterile kit.

DEC 1 8 2006



510(k) SUMMARY OF SUBSTANTIAL EQUIVALENCE

Summary of Testing: All materials used in the fabrication of the specialty needles were

evaluated through biological qualification safety tests. The biocompatibility tests performed were L929 Men Elution Test, Kligman Maximization Test, Intracutaneous Injection Test, Systemic

Injection Test, Salmonella Typhimurium and Escherichia Coli Reverse

Mutation Assay and Hemolysis - Rabbit Blood Test.

These materials have met the testing requirements and were found

to be acceptable for the intended use.

Technological Characteristics:

[21 CFR 807.92(a)(6)]

The subject device has the same Technological

Characteristics as a legally marketed predicate device.

Conclusion:

[21 CFR 807.92(b)(3)]

The above statements are accurate representations of the device

Busse intents to market.

Based on all the testing and comparison Busse believes the subject device is substantially equivalent to the predicate

device.

All data and information submitted in this premarket

notification is truthful and accurate and no material fact has

(Signature)

been omitted.

Manufacturer:

Busse Hospital Disposables.

Official Correspondent:

Muhamad Ansari (printed name)

Title: Director of Regulatory Affairs

Date: 9/2010Ce

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Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Muhamad Ansari
Director of Regulatory Affairs
Robert Busse & Company, Incorporated
Corporate Offices
P.O. Box 11067
Hauppauge, New York 11788

DEC 1 8 2006

Re: K061737

Trade/Device Name: Busse Loss of Resistance Syringe

Regulation Number: 21 CFR 868.5140

Regulation Name: Anesthesia Conduction Kit

Regulatory Class: II Product Code: CAZ

Dated: November 20, 2006 Received: November 22, 2006

Dear Mr. Ansari:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation Center for Devices and

Radiological Health

INDICATIONS FOR USE

510(K) Number (if known): K061	1/3/	
Device Name: Busse Loss of Resista	ance Syringe.	
Indication for Use. The Busse Loss of tion with an epidural needle, to verify the loss of Resistance technique, it w loss of Resistance Syringe is not inte sold sterile individually packaged, and	the needle tip vill be filled with ended for injecti	placement in the epidural space by air and/or saline during use. The on or aspiration. The Syringe will be
Prescription Usex_ (Per 21 CFR 801Subpart D)	AND/OR	Over-The-Counter Use (Per 21 CFR 801Subpart C)
(PLEASE DO NOT WRITE BELOW THI	S LINE – CONIN	UE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)		

n of Anestriesiology, General Hospital, and Control, Dental Devices

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